

| POSITION                  | INITIALS | ID NO. | DATE     |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION         | SP       |        | 5-10-01  |
| O.I.P.E. CLASSIFIER       | fa       | 720 48 | 5/25/01  |
| FORMALITY REVIEW          | CH       | 825    | 06-29-01 |
| RESPONSE FORMALITY REVIEW |          |        | 9/25/01  |

### INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral) ... Canceled  
 ÷ ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

| Claim          | Date |
|----------------|------|
| Final Original |      |
| 1              | ✓    |
| 2              | ✓    |
| 3              | ✓    |
| 4              | ✓    |
| 5              | ✓    |
| 6              | ✓    |
| 7              | ✓    |
| 8              | ✓    |
| 9              | ✓    |
| 10             | ✓    |
| 11             | ✓    |
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| 46             | ✓    |
| 47             | ✓    |
| 48             | ✓    |
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| 50             | ✓    |

| Claim          | Date |
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| Final Original |      |
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| Claim          | Date |
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| Final Original |      |
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| 150            |      |

Best Available Copy

If more than 150 claims or 10 actions  
staple additional sheet here

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